



The Commonwealth of Massachusetts
Executive Office of Public Safety
Department of Fire Services

P.O. Box 1025 State Road

Stow, Massachusetts 01775

(978) 567 - 3100 Fax: (978) 567 - 3121



STEPHEN D. COAN
STATE FIRE MARSHAL

THOMAS P. LEONARD
DEPUTY STATE FIRE MARSHAL

BLASTING DAMAGE COMPLAINT FORM

(to be completed by complainant)

PROPERTY OWNER INFORMATION

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

(Town)

Type of Structure: _____ Address of Structure: _____

(Street)

Property Owner's Name: _____ Phone Number: _____

Property Owner's Address: _____

(Address, City, State, Zip)

Complainant's Name If Different: _____ Phone Number: _____

Complainant's Address If Different: _____

(Address, City, State, Zip)

Did this property have a Pre-Blast Survey prior to the start of blasting?

YES

NO

DESCRIPTION OF ITEM OR AREA OF ALLEGED DAMAGE

(This form **must be returned** to the head of the fire department **within 30 days** of the alleged incident.)

CERTIFICATION OF DAMAGE – **PLEASE READ** AND SIGN

I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this complaint. I am aware that there are significant penalties for submitting false information including possible fines, civil penalties and imprisonment.

Signature of Property Owner: _____ Date Signed: _____

Name of Fire Department: _____ Address of Blast: _____

(to be completed by Fire Department)
BLASTING COMPANY AND FIRE DEPARTMENT INFORMATION

Name of Blasting Company Use and Handling [Permit to Blast] Issued to: _____

Blasting Company Phone Number: _____ Explosives User's Certificate Number: _____

Name of Pre-Blast Survey Company: _____ Survey Company Phone Number: _____

Name of Liability Insurance Carrier: _____ Insurance Carrier Phone Number: _____

Blaster's Name: _____ Certificate of Competency Number: _____

Blaster's Work Phone Number: _____

Blaster's Signature: _____ Date: _____

REPORT OF FIRE DEPARTMENT INQUIRY AND VIOLATION(S) FOUND

Were the Blasting Logs reviewed as a result of this complaint? YES NO

Were violation(s) found as a result of the review of this complaint? YES NO

If yes, has a Notice of Violation been issued by your department? (If yes, attach copy): YES NO

Signature of Fire Department Officer: _____ Date: _____

Send copies of this form, blasting log(s), seismograph record(s) and Notice(s) of Violation to the Office of the State Fire Marshal.

----- State Fire Marshal Use Only -----

Reviewed by: _____ Date: _____

Logs Attached: Yes No Violations: Yes No

Comments/Notes: _____
